				COVERPAGE
Recipient Committee Campaign Statement			Date Stamp	CALIFORNIA ARD
Cover Page (Government Code Sections 84200-84216.5)				FORM
	Statement covers period from 10/23/2016	Date of election if applicable: (Month, Day, Year)		Page 1 of 6
SEE INSTRUCTIONS ON REVERSE	through 12/31/2016	11/08/2016	(al/ JAN 27 PM 1 53 	
1. Type of Recipient Committee: All Committees - Complete Parts 1.	omplete Parts 1, 2, 3, and 4.	2. Type of Statement:	Y CLERK'S OTFICE	te)
	Primarily Formed Ballot Measure Committee Controlled Sponsored	□ Preelection Statement □ Semi-annual Statement □ Termination Statement (Also file a Form 410 Termination)		Quarterly Statement Special Odd-Year Report Supplemental Preelection Statement - Attach Form 495
☐ General Purpose Committee ○ Sponsored ○ Small Contributor Committee ○ Political Party/Central Committee	(Also Complete Part b) Officeholder Committee (Also Complete Part ?)	☐ Amendment (Explain below)	elow)	
3. Committee Information	I.D. NUMBER 1390966	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Mike Cordero for Council 2016		NAME OF TREASURER		
		MAILING ADDRESS		
	á	1 S College Dr	Ste 101	
STREET ADDRESS (NO P.O. BOX)		CITY	STATE ZIP	ZIP CODE AREA CODE/PHONE
2151 S College Dr Ste 101		Santa Maria	C.	93455 (805)922-4881
CITY STATE ZIP CODE	SODE AREA CODE/PHONE	NAME OF ASSISTANT TREASURER, IF ANY	RER, IF ANY	
Santa Maria CA 93455	(805) 922-4881			
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX	вох	MAILING ADDRESS		
CITY STATE ZIP CODE	CODE AREA CODE/PHONE	CITY	STATE ZIP	ZIP CODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS arybee@aol.com		OPTIONAL: FAX / E-MAIL ADDRESS	ESS	

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Evenited on	LA CONTRACTOR OF THE PARTY OF T	
Date	Signature of Treasurer or Assistant Treasurer	
Executed on	By // C. Controlling Office-holder, Candidate, State Measure Proponent or Responsible Officer of Sponsor	
Executed on	BySignature of Controlling Officeholder, Candidate, State Measure Proponent	
Executed on Date	BySignature of Controlling Officeholder, Candidate, State Measure Proponent FPPC Fe	FPPC Form

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of

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Page__

Recipient Committee Campaign Statement Cover Page — Part 2

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Officeholder or Candidate Controlled Committee	6. 1	Primarily Formed Ballot Measure Committee	leasure Committee	ď)	
NAME OF OFFICEHOLDER OR CANDIDATE		NAME OF BALLOT MEASURE			
Mike Cordero OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) City Council Member		BALLOT NO. OR LETTER J	JURISDICTION	ß □□	SUPPORT OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY	ZIP	Identify the controlling officeholder, candidate, or state measure proponent, if any.	older, candidate, or st	tate measure pro	onent, if any.
1324 Ruby Ct. Santa Maria	a CA 93454	NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT	ATE, OR PROPONENT		
Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.		OFFICE SOUGHT OR HELD		DISTRICT NO. IF ANY	<u>}</u>
COMMITTEE NAME I.D. NU				:	
NAME OF TREASURER CONTROLL	ED COMMITTEE? 7.	Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.	ate/Officeholder Co r which this committee i	ommittee List n is primarily formed.	ames of
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)		NAME OF OFFICEHOLDER OR CANDIDATE		OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
CITY STATE ZIP CODE	AREA CODE/PHONE	NAME OF OFFICEHOLDER OR CANDIDATE		OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME I.D. NU	I.D. NUMBER	NAME OF OFFICEHOLDER OR CANDIDATE		OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
00	ED COMMITTEE?	NAME OF OFFICEHOLDER OR CANDIDATE		OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)					
CITY STATE ZIP CODE	AREA CODE/PHONE	Attach	Attach continuation sheets if necessary	necessary	

Amounts may be rounded to whole dollars.

SUMMARY PAGE CALIFORNIA 460 Statement covers period 10/23/2016

from 10/23/2016 FORM	through 12/31/2016 Page 3 of 6	I.D. NUMBER	1390966		11,500.00 1/1 through 6/30 7/1 to Date	20. Contributions	rres \$	Expenditure Limit Summary for State Candidates	0.00 22. Cumulative Expenditures Made* (#Subject to Voluntary Expenditure Limit)	Date of Election Total to Date	4,037.45		n B, add 1 A to the *Amounts in this section may be different from amounts reported in Column B. In B, add *Amounts in this section may be different from amounts from amounts in the section may be different from amounts.	regative be evious fuis is	ig filed ear, only ounts	d 9 (if	
				Column A Column B TOTAL THIS PERIOD CALENDAR YEAR (FROMATTACHED SCHEDULES)	\$ 0.00 \$ 11,5	\$ 12,	\$ 0.00 \$ 12,5	\$ 1,678.80 \$ 4,037	\$ 0.00 1,678.80 \$ 4,0	00.00	\$ 1,678.80 \$ 4,0		\$ 10,166.35 To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in	\$ 8,487.55 figures that should be subtracted from previous period amounts. If this is	the lifst report being filed for this calendar year, only carry over the amounts	98.0	1,025.00
	SEE INSTRUCTIONS ON REVERSE	NAME OF FILER	Mike Cordero for Council 2016	Contributions Received	Schedule A, Line 3	SUBTOTAL CASH CONTRIBUTIONS	4. Nonmonetary Contributions	Expenditures Made 6. Payments Made Schedule E, Line 4	7. Loans Made Schedule H, Line 3 8. SUBTOTAL CASH PAYMENTS Add Lines 6+7	9. Accrued Expenses (Unpaid Bills)	10. Nonmonetary Adjustment	Current Cash Statement	Previous Summary Page, Line 16 Column A, Line 3 above ash Schedule I, Line 4	NCE	17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	Inding Debts See instructions on reverse	19 Outstanding Debts

FPPC Form 460 (Jan/2016)
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SCHEDULER - PART 1

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SEE INSTRUCTIONS ON REVERSE NAME OF FILER

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Amounts	to w

Statem	Statement covers period	CALIFORNIA A CO
from	10/23/2016	FORM 400
through	12/31/2016	Page 4 of 6

Mike Cordero for Council 2016							1390966	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (FCOMMITTEE, ALSO ENTER ID, NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD *	OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(9) CUMULATIVE CONTRIBUTIONS TO DATE
Mike Cordero 1324 Ruby Ct. Santa Maria, CA 93454	Retired/ Candidate Santa Maria Police Department			□ PAID \$ 0.00 □ FORGIVEN	\$ 1,000.00	0.00 % RATE	\$ 1,000.00	CALENDAR YEAR \$ 1,025.00 PER ELECTION***
TIND □ COM □ OTH □ PTY □ SCC		\$ 1,000.00	\$ 0.00	8 0.00	DATE DUE	\$ 0.00	08/05/2016 DATE INCURRED	ь
Mike Cordero 1324 Ruby Ct. Santa Maria, CA 93454	Retired/ Candidate Santa Maria Police Department			PAID 8 0.00	\$ 25.00	0.00 % RATE	\$ 25.00	CALENDAR YEAR \$ 1,025.00 PER ELECTION*
†⊠ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		\$ 25.00	\$ 0.00	\$ 0.00	DATE DUE	\$ 0.00	09/16/2016 DATE INCURRED	S
				PAID \$		RATE %	9	CALENDAR YEAR \$ PER ELECTION*
†□ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		Уэ		У	DATE DUE	ь	DATE INCURRED	s
		SUBTOTALS \$	\$00.0	\$00.0	1,025.00\$	00.00		
Schedule B Summary						(Enter (e) on Schedule E, Line 3)		

Schedule B Summary

₩	
00.)	
loans of less than \$10	
this periodor	
. Loans received to (Total Column (to (Total Col	

0.00

00.0

0.00

(May be a negative number)

\$		
Loans paid or forgiven this period		Schedule A.)
	or forgiven.)	(Include loans paid by a third party that are also itemized on Schedule A.)
pc	Total Column (c) plus loans under \$100 paid or forgiven.)	arty that are al
given this peric	plus loans un	aid by a third p
ans paid or for	otal Column (c)	าclude loans pะ
2. Lo	ビ	=

₩	
NA NA	
3. Net change this period. (Subtract Line 2 from Line 1.)	Enter the net here and on the Summary Page, Column A, Line 2.

*Amounts forgiven or paid by another party also must be reported on Schedule A.

IND – Individual
COM – Recipient Committee
(Other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee **†Contributor Codes**

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** If required.

Payments Made Schedule E

Amounts may be rounded to whole dollars.

46(ø 5 CALIFORNIA I.D. NUMBER FORM Page 5 Statement covers period 10/23/2016 12/31/2016 through from

1390966

SCHEDULE

radio airtime and production costs CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. CTB CTB

Mike Cordero for Council 2016

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

meetings and appearances member communications office expenses MBR contribution (explain nonmonetary)* campaign paraphernalia/misc. campaign consultants

petition circulating phone banks 5 F candidate filing/ballot fees civic donations

S

postage, delivery and messenger services professional services (legal, accounting) polling and survey research 동작정정본 independent expenditure supporting/opposing others (explain)* fundraising events legal defense

campaign literature and mailings

print ads

transfer between committees of the same candidate/sponsor t.v. or cable airlime and production costs staff/spouse travel, lodging, and meals candidate travel, lodging, and meals campaign workers' salaries returned contributions voter registration SAL SAL TECT TRS TRS TRS TRS WEB

information technology costs (internet, e-mail)

1,117.00 199.50 AMOUNT PAID **DESCRIPTION OF PAYMENT** R CODE PRO PRT NAME AND ADDRESS OF PAYEE (IFCOMMITTEE, ALSO ENTER LD. NUMBER) Benedetti & Associates, CPA INC. 2151 S College Dr Ste 101 Santa Maria, CA 93455 93455 3200 Skyway Drive Santa Maria, CA Santa Maria Times

PRO Benedetti & Associates, CPA INC. 2151 S College Dr Ste 101 Santa Maria, CA 93455 1,623.70

SUBTOTAL\$

307.20

Schedule E Summary

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

1,678.80 6 1. Itemized payments made this period. (Include all Schedule E subtotals.)

00.0 00.0 ₩ ↔ 2. Unitemized payments made this period of under \$100

1,678.80

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Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded to whole dollars.

Statement covers period CALIFORNIA 460 From 10/23/2016 Page 6 of 6 I.D. NUMBER

SCHEDULE E (CONT.

SEE INSTRUCTIONS ON REVERSE	nrough 12/31/2016	P.
NAME OF FILER		a:
Mike Cordero for Council 2016		

55.10 55.10 transfer between committees of the same candidate/sponsor AMOUNT PAID information technology costs (internet, e-mail) 996061 SUBTOTAL \$ t.v. or cable airtime and production costs staff/spouse travel, lodging, and meals candidate travel, lodging, and meals radio airtime and production costs campaign workers' salaries CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. returned contributions voter registration DESCRIPTION OF PAYMENT TSF VOT WEB RAD RFD SAL postage, delivery and messenger services professional services (legal, accounting) polling and survey research meetings and appearances * Payments that are contributions or independent expenditures must also be summarized on Schedule D. member communications CODE PRO petition circulating office expenses phone banks print ads fundraising events independent expenditure supporting/opposing others (explain)* NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) Benedetti & Associates, CPA INC. 2151 S College Dr Ste 101 Santa Maria, CA 93455 contribution (explain nonmonetary)* campaign literature and mailings campaign paraphernalia/misc. candidate filing/ballot fees campaign consultants civic donations legal defense Mike O N SHR 295 CNS

FPPC Form 460 (Jan/2016)
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www.fppc..ca.gov

Récipient Committee Campaign Statement Cover Page			Date Stamp		CALIFORNIA 460	B
(Government Code Sections 84200-84216.5)	Statement covers period from 09/25/2016	Date of election if applicable: (Month, Day, Year)	98T 27 PM 2	Page	1 of 8	
SEE INSTRUCTIONS ON REVERSE	through 10/22/2016	11/08/2016	CARL VAL	1		
1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.	omplete Parts 1, 2, 3, and 4.	2. Type of Statement:		Thirti-		
State Candidate Controlled Committee State Candidate Election Committee Sponsored Sponsored Small Contributor Committee Small Contributor Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 3) Primarily Formed Candidate/ Officeholder Committee	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Termination) Amendment (Explain below)	mination)	Quarterly Statement Special Odd-Year Report Supplemental Preelection Statement - Attach Form 495	nent ar Report reelection ch Form 495	
3. Committee Information	I.D. NUMBER 1390966	Treasurer(s)				
Mike Cordero for Council 2016		NAME OF TREASURER Trent Benedetti MALING ADDRESS				
STREET ADDRESS (NO P.O. BOX) 2151 S College Dr Ste 101		2151 S College Dr Ste 101	0,	ZIP CODE	AREA CODE/PHONE	
CITY STATE ZIP CODE	DE AREA CODE/PHONE	NAME OF ASSISTANT TREASURER, IF ANY	R, IF ANY	93455	(805)922-4881	
Santa Maria CA 93455 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX	.5 (805) 922-4881 OX	MAILING ADDRESS				
CITY STATE ZIP CODE	DE AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE	
OPTIONAL: FAX / E-MAIL ADDRESS arybee@aol.com		OPTIONAL: FAX / E-MAIL ADDRESS	SS			

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the forencing is true and complete.

he foregoing is true and correct.	BY TOWN SON	Bigmature of Treasurer or Assistant Treasurer M. M	Signaturé of Co difor ling Officeholder, Candidate, State Measure Proponent or Responsible Offi	Signature of Controlling Officeholder, Candidate, State Measure Proponent By	Signature of Controlling Officeholder, Candidate, State Measure Proponent
al periority of perjury under the laws of the State of California that the foregoing is true and correct.	Executed on 16.L/h	Executed on 10 25 - 16	Executed on	Date Executed on	Date

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www.fppc.ca.gov

5. Officeholder or Candidate Controlled Committee	6. Primarily Formed Ballot Measure Committee	sure Committee		
NAME OF OFFICEHOLDER OR CANDIDATE	NAME OF BALLOT MEASURE			
Mike Cordero				
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) City Council Member	BALLOT NO. OR LETTER JURIS	JURISDICTION		SUPPORT OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP				
1324 Ruby Ct., Santa Maria CA 93454	Identify the controlling officeholder, candidate, or state measure proponent, if any.	er, candidate, or state	measure prol	onent, if any.
	NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT	OR PROPONENT		
Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.	OFFICE SOUGHT OR HELD	SIO	DISTRICT NO. IF ANY	<u> </u>
COMMITTEE NAME I.D. NUMBER				
NAME OF TREASURER CONTROLLED COMMITTEE? TYES INO	7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.	Officeholder Comr ch this committee is pri	nittee List n marily formed.	ames of
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	NAME OF OFFICEHOLDER OR CANDIDATE	TE OFFICE SOUGHT OR HELD	OR HELD	SUPPORT OPPOSE
CITY STATE ZIP CODE AREA CODE/PHONE	NAME OF OFFICEHOLDER OR CANDIDATE	TE OFFICE SOUGHT OR HELD	OR HELD	SUPPORT
COMMITTEE NAME [I.D. NUMBER				OPPOSE
	NAME OF OFFICEHOLDER OR CANDIDATE	TE OFFICE SOUGHT OR HELD	OR HELD	SUPPORT OPPOSE
NAME OF TREASURER CONTROLLED COMMITTEE? TYES NO	NAME OF OFFICEHOLDER OR CANDIDATE	E OFFICE SOUGHT OR HELD	OR HELD	SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)				OFFICE
CITY STATE ZIP CODE AREA CODE/PHONE	Attach conti	Attach continuation sheets if necessary	essary	

Statement	
ign Disclosure S	Iry Page
Campai	Summa

בייויף איישיים יו בייסוססמים ביישים ווכוווכ	A management of the second of		SUMMARY PAGE
Summary Page	Amounts may be rounded to whole dollars.	Statement covers period	CALIFORNIA ACO
		from 09/25/2016	FORM 400
SEE INSTRUCTIONS ON REVERSE		through 10/22/2016	Page 3 of 8
NAME OF FILER			I.D. NUMBER
Mike Cordero for Council 2016			1390966

1390966

Contributions Received	Column A TOTAL THIS PERIOD (FROMATTACHED SCHEDULES)		Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and
1. Monetary Contributions	ne3 \$ 11,500.00	69	11,500.00	General Elections
2. Loans Received Schedule B, Line 3	ne 3 0.00		1,025.00	1/1 through 6/30 7/1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1+2	,+2 \$ 11,500.00	69	12,525.00	SUO
4. Nonmonetary Contributions Schedule C, Line 3	ne 3 0.00		0.00	Received \$
5. TOTAL CONTRIBUTIONS RECEIVEDAdd Lines 3+4	3+4 \$ 11,500.00	€9	12,525.00	Z1. Expenditures Made \$\$
Expenditures Made				
6. Payments Made Schedule E, Line	ne4 \$ 1,358.65	↔	2,358.65	Expenditure Limit Summary for State Candidates
7. Loans Made Schedule H, Line	0.00		0.00	
8. SUBTOTAL CASH PAYMENTS	1,358.65	 ν	2,358.65	22. Cumulative Expenditures Made*
9. Accrued Expenses (Unpaid Bills)	-1,245.00		0.00	Annual Control of Electrics
10. Nonmonetary Adjustment	0.00		0.00	(mm/dd/yy)
11. TOTAL EXPENDITURES MADEAdd Lines 8+9+	+10 \$ 113.65	∮	2,358.65	9

47		-	_	reported in Column B.				
	To control of other	amounts in Column A to the	corresponding amounts from Column B of your last	report. Some amounts in	Column A may be negative figures that should be	subtracted from previous period amounts. If this is	the first report being filed for this calendar year, only carry over the amounts	from Lines 2, 7, and 9 (if any).
Current Cash Statement	12. Beginning Cash Balance Previous Summary Page, Line 16 \$ 25.00	13. Cash Receipts Column A, Line 3 above	14. Miscellaneous Increases to Cash Schedule I, Line 4	15. Cash Payments	16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 \$ 10,166.35	If this is a termination statement, Line 16 must be zero.	17. LOAN GUARANTEES RECEIVED	Cash Equivalents and Outstanding Debts

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FPPC Advic

0.00 ,025.00

See instructions on reverse

 Outstanding Debts.... 18. Cash Equivalents

Monetary Contributions Received **Schedule A**

Amounts may be rounded to whole dollars.

CALIFORNIA FORM Statement covers period 09/25/2016 from

SCHEDULE A

I.D. NUMBER Page __

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₽

through 10/22/2016

CONTRIBUTOR CODE *

FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR ((FCOMMITTEE, ALSOENTERID, NUMBER)

Mike Cordero for Council 2016

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

93454

SEIU Local 620 114 Vine Street Santa Maria, CA

10/05/2016

DATE RECEIVED

\$10,000.00

10,000.00 G2016

PER ELECTION (IF REQUIRED)

1390966

TODATE

\$1,500.00

1,500.00 G2016

CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) 10,000.00 1,500.00 RECEIVED THIS PERIOD AMOUNT IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)

IND COM OTH SCC

Grow Elect (ID# 1342160) 1022 G St Ste B Sacramento, CA 95814

10/19/2016

O O O

ON O O

∏ PTY COM COM SCC

*Contributor Codes IND - Individual

11,500.00

SUBTOTAL \$

OTH - Other (e.g., business entity) (other than PTY or SCC) COM - Recipient Committee

SCC - Small Contributor Committee PTY - Political Party

00.0 500.00

9

9

11,500.00

2. Amount received this period – unitemized monetary contributions of less than \$100 Total monetary contributions received this period.

က

(Include all Schedule A subtotals.) Amount received this period – itemized monetary contributions.

Schedule A Summary

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Schedule B - Part 1 Loans Received

Amounts may be rounded to whole dollars.

SCHEDULE B - PART 1 CALIFORNIA FORM Statement covers period 09/25/2016 from

SEE INSTRUCTIONS ON REVERSE				=	through 10/22	10/22/2016	Page	a
NAME OF FILER					>			П
							I.D. NOMBER	
Mike Cordero for Council 2016							1390966	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	OUTSTANDING BALANCE BEGINNING THIS	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN	(d) OUTSTANDING BALANCE AT CLOSE OF THIS	(e) INTEREST PAID THIS	ORIGINAL AMOUNT OF	(g) CUMULATIVE CONTRIBUTIONS
Mike Cordero 1324 Ruby Ct.	Retired/ Candidate Santa Maria Police	TERIOD		HIS PERIOD ☐ PAID	PERIOD	DO NEW TOWN	LOAN	TO DATE CALENDAR YEAR
Saile Maile, CA 93454	Department			\$ 0.00	\$ 1,000.00	0.00%	\$ 1,000.00	\$ 1,025.00
				☐ FORGIVEN		RATE		
TS IND □ COM □ OTH □ PTY □ SCC		\$ 1,000.00	\$ 0.00	\$ 00.00	DATE DUE	\$ 0.00	08/05/2016 DATE INCURRED	es.
	Retired/ Candidate Santa Maria Police			□ PAID				CALENDAR YEAR
santa Maria, CA 93454	Department			\$ 0.00	\$ 25.00	0.00 %	\$ 25.00	\$ 1,025.00
				☐ FORGIVEN		RATE		PER ELECTION **
[†] ⊠ IND □ COM □ OTH □ PTY □ SCC		\$ 25.00	\$ 0.00	\$ 0.00	DATE DUE	\$ 0.00	09/16/2016 DATE INCURRED	8
				□ PAID				CALENDAR YEAR
				\$	49	RATE	69	S
T IND COM OTH PTY SCC		69	69	69	DATE DUE	9	DATE INCURRED	8
		SUBTOTALS \$	\$00.0	\$00.0	1,025.00\$	0.00		
Schedule B Summary						(Enter (e) on Schedule E, Line 3)		

ᡐ (Total Column (b) plus unitemized loans of less than \$100.) 1. Loans received this period......

Loans paid or forgiven this period\$ (Include loans paid by a third party that are also itemized on Schedule A.) (Total Column (c) plus loans under \$100 paid or forgiven.) ۲i

NET \$ Enter the net here and on the Summary Page, Column A, Line 2. Net change this period. (Subtract Line 2 from Line 1.) က်

*Amounts forgiven or paid by another party also must be reported on Schedule A. ** If required.

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OTH -- Other (e.g., business entity) PTY -- Political Party SCC - Small Contributor Committee

0.00

(other than PTY or SCC)

COM - Recipient Committee

TContributor Codes

00.0

IND - Individual

00

Payments Made Schedule E

Amounts may be rounded to whole dollars.

æ ₹ CALIFORNIA I.D. NUMBER FORM Page 6 1390966 Statement covers period 09/25/2016 10/22/2016 through

SCHEDULE

Mike Cordero for Council 2016 SEE INSTRUCTIONS ON REVERSE NAME OF FILER

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment O.

meetings and appearances member communications office expenses A PEC campaign paraphernalia/misc. campaign consultants

contribution (explain nonmonetary)* candidate filing/ballot fees civic donations

> S S CIB

5 8 8 F independent expenditure supporting/opposing others (explain)* campaign literature and mailings fundraising events legal defense

t.v. or cable airtime and production costs radio airtime and production costs campaign workers' salaries returned contributions RAD RFD SAL

transfer between committees of the same candidate/sponsor staff/spouse travel, lodging, and meals voter registration TRS TSF VOT WEB

> postage, delivery and messenger services professional services (legal, accounting)

print ads

polling and survey research

petition circulating

phone banks

웊

candidate travel, lodging, and meals

information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IFCOMMITTE, ALSO ENTER, I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT		AMOUNT PAID
Linda Cordero 1342 Ruby Ct. Santa Maria, CA 93454	CMP	paid for yard signs		1,245.00
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	rrized on S		SUBTOTAL \$	1.245.00

Schedule E Summary

1,245.00 ↔ 1. Itemized payments made this period. (Include all Schedule E subtotals.)

1,245.00

SUBTOTAL \$

113. ↔ 2. Unitemized payments made this period of under \$100 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)...............

1,358.65 S TOTAL \$ Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) FPPC Form 460 (Jan/2016) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772) www.fppc.ca.gov

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SCHEDULEF

Accrued Expenses (Unpaid Bills) Schedule F

NAME OF FILER

Amounts may be rounded

ð CALIFORNIA FORM Page 7 I.D. NUMBER Statement covers period 09/25/2016

1390966 through 10/22/2016 to whole dollars. Mike Cordero for Council 2016 SEE INSTRUCTIONS ON REVERSE

staff/spouse travel, lodging, and meals transfer between committees of the same candidate/sponsor information technology costs (internet, e-mail) t.v. or cable airtime and production costs candidate travel, lodging, and meals radio airtime and production costs CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment campaign workers' salaries returned contributions voter registration 표동 RF PO BM SAL postage, delivery and messenger services professional services (legal, accounting) polling and survey research meetings and appearances member communications petition circulating office expenses phone banks print ads OFC 눈 5 8 8 E independent expenditure supporting/opposing others (explain)* contribution (explain nonmonetary)* campaign literature and mailings campaign paraphernalia/misc. candidate filing/ballot fees campaign consultants fundraising events civic donations legal defense OMD O CYC 글 운 CHB ₽ ¹⁹ 5

				The memory techniques (miteriner, e-mail)	c-mail)
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS BEDION
Linda Cordero 1342 Ruby Ct. Santa María, CA. 93454	CMP paid for yard signs	1,245.00	0.00	1,245.00	00.0
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS \$	1,245.00\$	\$00.0	1,245.00\$	0.00

Schedule F Summary

- 1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for
- 2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on

00.00

1,245.00

- PAID TOTALS \$ accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) 3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and
- on the Summary Page, Column A, Line 9.) NET \$ __1,245.00

FPPC Form 460 (Jan/2016)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772) www.fppc.ca.gov

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee) Schedule G

Amounts may be rounded to whole dollars.

SCHEDULEG 80 ŏ CALIFORNIA FORM I.D. NUMBER Page 8 Statement covers period 09/25/2016 10/22/2016 through_ from

1390966

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

NAME OF AGENT OR INDEPENDENT CONTRACTOR Mike Cordero for Council 2016

Linda Cordero

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SS CNS

E E S 분

2 2 5

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment

meetings and appearances member communications campaign paraphernalia/misc.

A STA contribution (explain nonmonetary)* campaign consultants civic donations

petition circulating office expenses

phone banks 웊 candidate filing/ballot fees fundraising events

postage, delivery and messenger services professional services (legal, accounting) polling and survey research 5 8 8 F independent expenditure supporting/opposing others (explain)* legal defense

campaign literature and mailings

information technology costs (internet, e-mail)

t.v. or cable airtime and production costs

campaign workers' salaries

returned contributions

radio airtime and production costs

staff/spouse travel, lodging, and meals candidate travel, lodging, and meals

transfer between committees of the same candidate/sponsor voter registration RAD SAL SAL TEL TEL TRC TRC VOT WEB

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

print ads

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	S. S.	DESCRIPTION OF PAYMENT	AMC	AMOUNT PAID
GSP Graphic Screenprinting Production, Inc. 1804 Afton Street Houston, TX 77055	CMP				1,245.00

^{*} Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

Attach additional information on appropriately labeled continuation sheets.

FPPC Advice: advice@fppc.ca.gov (866/275-3772) FPPC Form 460 (Jan/2016) www.fppc.ca.gov

1,245.00

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TOTAL*